United States Department of Labor Employees' Compensation Appeals Board

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E.S., Appellant)
and) Docket No. 08-1432
U.S. POSTAL SERVICE, POST OFFICE, New York, NY Employer) Issued: May 21, 2010)
Appearances: Thomas R. Uliase, Esq., for the appellant Office of Solicitor, for the Director	—) Case Submitted on the Record

DECISION AND ORDER

Before:
DAVID S. GERSON, Judge
MICHAEL E. GROOM, Alternate Judge
JAMES A. HAYNES, Alternate Judge

JURISDICTION

On April 15, 2008 appellant, through her attorney, filed a timely appeal of the November 30, 2007 merit decision of the Office of Workers' Compensation Programs finding that she did not have disability for work after March 22, 2007 causally related to her employment injury. Pursuant to 20 C.F.R. §§ 501.2 and 501.3, the Board has jurisdiction over the merits of this case.

<u>ISSUE</u>

The issue is whether appellant had any work-related disability on or after March 22, 2007 causally related to her February 23, 2007 employment injury.

FACTUAL HISTORY

On February 23, 2007 appellant, then a 47-year-old rural mail handler, injured her right wrist and hand when a corner of a supply cabinet fell on her. Dr. Steven J. Ravich, an attending Board-certified orthopedic surgeon, advised that appellant was disabled on March 5, 2007 due to a work-related sprained right wrist. On March 21, 2007 he diagnosed "work-related injury of a

sprained right wrist and carpal tunnel syndrome." Dr. Ravich reiterated that appellant was disabled. In a letter dated April 5, 2007, the Office requested additional factual and medical evidence from appellant and allowed 30 days for a response.

On April 11, 2007 Dr. Ravich diagnosed right wrist and hand sprain as well as right carpal tunnel syndrome. He indicated that appellant could not work.

On July 18, 2007 Dr. Stephen Nedelcu, an internist, advised appellant sustained a work trauma on February 23, 2007 when she opened a supply closet and many items including a large tape dispenser fell on her right hand and wrist. Appellant developed pain and swelling in her hand with numbness in her second, third and fourth fingers. He found weakness and swelling on examination. Appellant was unable to make a fist. He diagnosed contusion of the right hand with possible nerve involvement at the level of the second, third and fourth fingers. Dr. Nedelcu attributed appellant's contusion to her employment. He stated that appellant was temporarily disabled from February 23 to April 18, 2007.

On March 5, 2007 Dr. Ravich stated that while appellant was at work several items of various weights from 5 to 10 pounds fell from a cabinet and landed on her right wrist. Appellant had minimal tenderness on palpation over the distal radius, a negative Tinel's sign and negative Phalen's test with good grip strength. Dr. Ravich diagnosed right wrist sprain and indicated that appellant should not work for two weeks. On March 21, 2007 he reported that appellant had a positive Tinel's sign and a positive Phalen's test as well as a negative Finkelstein test and decreased grip strength. Appellant experienced a sharp dull light touch discrepancy differentiation of the third, fourth and fifth digits on the right hand. On April 11, 2007 Dr. Ravich found decreased motion and decreased strength of the right wrist with positive Tinel's sign and Phalen's test. He stated that appellant should not work. On April 24, 2007 Dr. Ravich stated that appellant sustained a work-related injury of sprained right wrist and right carpal tunnel syndrome on February 23, 2007. He advised that she was temporarily totally disabled from March 5 to April 24, 2007.

In a May 9, 2007 decision, the Office accepted that appellant sustained a right hand sprain and contusion of the wrist and hand on February 23, 2007. In a separate decision dated May 9, 2007, the Office found that appellant was not entitled to continuation of pay after March 21, 2007. It noted that Dr. Ravich reported that appellant did not have signs of carpal tunnel syndrome on March 5, 2007 finding a negative Tinel's sign and Phalen's test. On March 21 and April 11, 2007, however, he listed positive findings of carpal tunnel syndrome and noted that appellant had not returned to work. The Office concluded that the carpal tunnel findings could not be related to the accepted employment injury and that appellant's employment-related disability ceased on March 21, 2007.

Appellant filed a claim for compensation on June 4, 2007 and requested wage-loss compensation from March 22 through June 1, 2007. In a note dated May 9, 2007, Dr. Ravich diagnosed carpal tunnel syndrome and found that appellant was totally disabled.

¹ There is no evidence that appellant requested review of this decision.

In a June 8, 2007 decision, the Office denied appellant's claim for compensation due to her February 23, 2007 employment injury finding that her disability was due to an independent intervening, nonwork-connected injury.

Appellant, through her attorney, requested an oral hearing on June 21, 2007. In a May 23, 2007 report, Dr. Ravich stated, "The patient had an acute event and has no prior history of problems with her wrist and hand and is to be only treated for the acute process." He concluded that appellant's present symptoms were causally related to employment injury. Dr. Ravich completed a form report on the same date and diagnosed right wrist sprain and right wrist carpal tunnel syndrome. He indicated with a checkmark "yes" that the condition was caused or aggravated by her employment activity. Dr. Ravich released appellant to return to light duty on June 12, 2007. He stated that appellant's right carpal tunnel syndrome was "directly and causally related to her injury of record." Appellant returned to work on June 28, 2007 and Dr. Ravich supported total disability from the date of injury until the return to work date. On June 25, 2007 Dr. Ravich stated that appellant had bilateral carpal tunnel syndrome more prominent on the right.

In a note dated February 5, 2007, appellant reported to Dr. Nedelcu that on February 23, 2007, "several items including two large tape dispensers (with sand inside) fell on my right hand and wrist."

At the October 16, 2007 oral hearing appellant stated that she opened the supply cabinet on February 23, 2007 and the contents fell out and hit her right hand, arm and leg. She was struck by two large tape dispensers, stationery and other objects. Appellant noted that she had a previous work-related wrist injury in 2003 and did not injure her right hand between March 5 and 21, 2007.

On October 5, 2007 Dr. Mark A.P. Filippone, Board-certified in physical medicine and rehabilitation, reported that appellant opened the supply cabinet and several heavy objects fell on her hands and wrist including large tape dispensers, boxes and packages of stationery. He examined appellant and diagnosed bilateral carpal tunnel syndrome and evidence of post-traumatic contusion and tendinitis of the right wrist. Dr. Filippone stated, "In my professional medical opinion all of the above abnormalities are directly and solely the result of the injury sustained when the objects fell on her wrists when she opened the supply cabinet on February 23, 2007."

By decision dated November 30, 2007, the hearing representative affirmed the June 8, 2007 decision finding that the medical evidence did not support a causal relationship between the February 23, 2007 work injury and her diagnosed condition of right carpal tunnel syndrome.

On appeal appellant's attorney alleged that appellant had established a traumatic injury claim and that the Office should undertake additional development of the medical evidence.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act² has the burden of establishing the essential elements of his or her claim, including that any disability or specific condition for which compensation is claimed is causally related to the employment injury.³ The term disability is defined as the incapacity because of an employment injury to earn the wages the employee was receiving at the time of the injury, *i.e.*, a physical impairment resulting in loss of wage-earning capacity.⁴

Whether a particular injury causes an employee to be disabled for employment and the duration of that disability are medical issues which must be proved by a preponderance of the reliable, probative and substantial medical evidence.⁵ Findings on examination are generally needed to support a physician's opinion that an employee is disabled for work. When a physician's statements regarding an employee's ability to work consist only of repetition of the employee's complaints that she hurt too much to work, without objective findings of disability being shown, the physician has not presented a medical opinion on the issue of disability or a basis for payment of compensation.⁶ The Board will not require the Office to pay compensation for disability in the absence of any medical evidence directly addressing the specific dates of disability for which compensation is claimed. To do so would essentially allow employees to self-certify their disability and entitlement to compensation.⁷

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical evidence. Rationalized medical evidence is medical evidence which includes a physician's rationalized medical opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant. Neither the fact that a disease or condition manifests itself during a period of employment nor the belief that the disease

² 5 U.S.C. §§ 8101-8193.

³ G.T., 59 ECAB ___ (Docket No. 07-1345, issued April 11, 2008); Kathryn Haggerty, 45 ECAB 383 (1994); Elaine Pendleton, 40 ECAB 1143 (1989).

⁴ 20 C.F.R. § 10.5(f); see, e.g., Cheryl L. Decavitch, 50 ECAB 397 (1999) (where appellant had an injury but no loss of wage-earning capacity).

⁵ See Fereidoon Kharabi, 52 ECAB 291 (2001).

⁶ *Id*.

⁷ *Id*.

⁸ Jacqueline M. Nixon-Steward, 52 ECAB 140 (2000).

⁹ Leslie C. Moore, 52 ECAB 132 (2000).

or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship. 10

ANALYSIS

The Office accepted that appellant sustained right hand and wrist sprain due to her February 23, 2007 employment injury. Appellant filed a claim for compensation requesting wage-loss compensation from March 22 through June 1, 2007.

Appellant submitted a series of reports beginning on March 21, 2007 from Dr. Ravich, a Board-certified orthopedic surgeon, diagnosing carpal tunnel syndrome. In a note dated April 24, 2007, he stated that appellant sustained a work-related injury of sprained right wrist and right carpal tunnel syndrome on February 23, 2007. Dr. Ravich opined that appellant was temporarily totally disabled from March 5 to April 24, 2007. This report is not sufficient to meet appellant's burden of proof as Dr. Ravich did not offer an opinion on the causal relationship between the diagnosed condition of carpal tunnel syndrome and appellant's February 23, 2007 employment injury. As noted above, in order to establish disability for work, the medical evidence must include a physician's opinion determining whether or not the accepted employment injury caused the period of disability claimed. Without a statement that the condition of carpal tunnel syndrome was caused or aggravated by appellant's employment, this report does not establish appellant's disability claim.

On May 23, 2007 Dr. Ravich stated that appellant had sustained "an acute event" concluded that appellant's present symptoms were causally related to employment injury. He also completed a form report on the same date diagnosing right wrist sprain and right wrist carpal tunnel syndrome and indicating with a checkmark "yes" that these conditions were caused or aggravated by her employment activity. Dr. Ravich released appellant to return to light duty on June 12, 2007 and stated that appellant's right carpal tunnel syndrome was "directly and causally related to her injury of record." While these reports contain an opinion that appellant's accepted employment injury resulted in carpal tunnel syndrome, Dr. Ravich failed to explain how the nature of the injury to appellant's hand or wrist by a tape dispenser and other objects would result in the carpal tunnel syndrome. The Board has held that an opinion on causal relationship which consists only of a physician checking "yes" to a medical form report question on whether the claimant's disability was related to the history given is of little probative value. Without any explanation or rationale for the conclusion reached, such report is insufficient to establish causal relationship. 11 Dr. Ravich did not explain the processes by which a traumatic incident could result in carpal tunnel syndrome and why he believed that the employment incident was competent to cause this condition in appellant. As he failed to provide any explanation of how the employment injury caused carpal tunnel syndrome in addition to the accepted conditions of contusion and strain, his reports are not sufficient to establish that appellant's disability for work on or after March 21, 2007 was due to employment.

¹⁰ Dennis M. Mascarenas, 49 ECAB 215 (1997).

¹¹ Lucrecia M. Nielson, 41 ECAB 583, 594 (1991).

Dr. Filippone, a physician Board-certified in physical medicine and rehabilitation, completed a report on October 5, 2007 and described appellant's employment incident of February 23, 2007 noting that several heavy objects fell on her hands and wrists including large tape dispensers, boxes and packages of stationery. He diagnosed bilateral carpal tunnel syndrome and evidence of post-traumatic contusion and tendinitis of the right wrist. Dr. Filippone stated, "In my professional medical opinion all of the above abnormalities are directly and solely the result of the injury sustained when the objects fell on her wrists when she opened the supply cabinet on February 23, 2007." He provided an accurate history of injury and diagnosed carpal tunnel syndrome. Dr. Filippone also opined that this condition was related to the accepted employment incident. However, he did not explain how and why he believed that the falling tape dispenser resulted in bilateral carpal tunnel syndrome. Appellant had previously stated that only her right wrist was injured on February 23, 2007. This factual discrepancy suggests that appellant's right carpal tunnel syndrome might also be due to another cause other than her accepted employment injury. As Dr. Filippone did not address this factual aspect of appellant's claim and did not offer medical reasoning supporting his opinion of causal relationship, his report is not sufficient to establish that the diagnosed condition of carpal tunnel syndrome and any resulting disability is related to appellant's accepted February 23, 2007 employment incident.

CONCLUSION

The Board finds that appellant did not submit the necessary medical opinion evidence to establish that she had disability after March 22, 2007 due to her accepted employment injury of February 23, 2007.

<u>ORDER</u>

IT IS HEREBY ORDERED THAT November 30, 2007 decision of Office of Workers' Compensation Programs is affirmed.

Issued: May 21, 2010 Washington, DC

> David S. Gerson, Judge Employees' Compensation Appeals Board

> Michael E. Groom, Alternate Judge Employees' Compensation Appeals Board

> James A. Haynes, Alternate Judge Employees' Compensation Appeals Board